

PRESCRIPTION SAFETY GLASSES ORDER FORM

MIT Optical Shop
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medical.mit.edu/optical

(please email form prior to appointment)

PATIENT NAME _____ **DATE OF FITTING** ____ / ____ / ____

EMAIL _____ **PHONE** _____

THIS SECTION ONLY TO BE FILLED OUT BY SUPERVISOR

DLC _____

SUPERVISOR/P.I. NAME _____ **PHONE EXT** _____

CONTACT FOR BILLING

NAME _____ BLDG _____

EMAIL _____ PHONE EXT _____

COST OBJECT	G/L ACCT	DLC WILL PAY FOR THESE OPTIONS (if applicable):

PD	SPH	CYL	AXIS	PRISM	NOTES
D /	OD		X		
N /	OS		X		
ADD	OC	SEG			

LENS OPTIONS					
COST COVERED BY DLC	ADDITIONAL COST – PAID BY PATIENT				
LENS	TINT	TRANSITION	POLARIZED	ANTI-REFLECTIVE	OPTION TOTAL
SINGLE VISION (SV) - \$110	COLOR	GREY	GREY	CRIZAL EASY	
BIFOCAL FT 28 / 34 - \$135	DENSITY	BROWN	BROWN		
PROGRESSIVE - \$210	\$25	\$120	\$120	\$120	\$

FRAME OPTIONS					
MAKE/STYLE	COLOR	A	BR	B	ED
COST COVERED BY DLC	ADDITIONAL COST - PAID BY PATIENT				
Tier A	Tier B	Tier C	Tier D	Tier E	OPTION TOTAL
	\$40	\$60	\$75	\$85	\$

	DLC Cost	Patient Cost	
Vision Options		N/A	Patient Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Date _____
Lens Options			
Frame Options			
Total			